

TRANSCRIPT ORDER

Please Read Instructions:

TRANSCRIPT ORDER			DUE DATE:	
<p>1. NAME</p> <p>2. PHONE NUMBER</p> <p>3. DATE</p> <p>4. DELIVERY ADDRESS OR EMAIL</p> <p>5. CITY</p> <p>6. STATE</p> <p>7. ZIP CODE</p>				
8. CASE NUMBER		9. JUDGE		
		DATES OF PROCEEDINGS		
		10. FROM		11. TO
12. CASE NAME			LOCATION OF PROCEEDINGS	
			13. CITY	14. STATE
<p>15. ORDER FOR</p> <p><input type="checkbox"/> APPEAL <input type="checkbox"/> CRIMINAL <input type="checkbox"/> CRIMINAL JUSTICE ACT <input type="checkbox"/> BANKRUPTCY</p> <p><input type="checkbox"/> NON-APPEAL <input type="checkbox"/> CIVIL <input type="checkbox"/> IN FORMA PAUPERIS <input type="checkbox"/> OTHER (Specify)</p>				
16. TRANSCRIPT REQUESTED (Specify portion(s) and date(s) of proceeding(s) for which transcript is requested)				
PORTIONS		DATE(S)	PORTION(S)	DATE(S)
<input type="checkbox"/> VOIR DIRE			<input type="checkbox"/> TESTIMONY (Specify Witness)	
<input type="checkbox"/> OPENING STATEMENT (Plaintiff)				
<input type="checkbox"/> OPENING STATEMENT (Defendant)				
<input type="checkbox"/> CLOSING ARGUMENT (Plaintiff)			<input type="checkbox"/> PRE-TRIAL PROCEEDING (Specify)	
<input type="checkbox"/> CLOSING ARGUMENT (Defendant)				
<input type="checkbox"/> OPINION OF COURT				
<input type="checkbox"/> JURY INSTRUCTIONS			<input type="checkbox"/> OTHER (Specify)	
<input type="checkbox"/> SENTENCING				
<input type="checkbox"/> BAIL HEARING				
17. ORDER				
CATEGORY	ORIGINAL (Includes Certified Copy to Clerk for Records of the Court)	FIRST COPY	ADDITIONAL COPIES	NO. OF PAGES ESTIMATE
ORDINARY	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES	
14-Day	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES	
EXPEDITED	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES	
3-Day	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES	
DAILY	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES	
HOURLY	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES	
REALTIME	<input type="checkbox"/>	<input type="checkbox"/>		
CERTIFICATION (18. & 19.) By signing below, I certify that I will pay all charges (deposit plus additional).			ESTIMATE TOTAL	\$ 0.00
18. SIGNATURE			PROCESSED BY	
19. DATE			PHONE NUMBER	
TRANSCRIPT TO BE PREPARED BY			COURT ADDRESS	
ORDER RECEIVED		DATE	BY	
DEPOSIT PAID			DEPOSIT PAID	
TRANSCRIPT ORDERED			TOTAL CHARGES	\$ 0.00
TRANSCRIPT RECEIVED			LESS DEPOSIT	\$ 0.00
ORDERING PARTY NOTIFIED TO PICK UP TRANSCRIPT			TOTAL REFUNDED	
PARTY RECEIVED TRANSCRIPT			TOTAL DUE	\$ 0.00

DISTRIBUTION:

COURT COPY

TRANSCRIPTION COPY

ORDER RECEIPT

ORDER COPY